



## SPECIAL EVENT SERVICE REQUEST FORM

Effective 7/ 1/2018 - 06/30/2019

RECEIVED ON: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

## REQUESTOR INFORMATION

Organization Name:		Council District #:	
Requestor Name:		Telephone Number:	
Request Date:		Cell Phone Number:	
E-Mail Address:		Fax Number:	

## EVENT INFORMATION

Event Name:					
Event Date(s)/Time: (30 days advance notice required for guaranteed service)	Event Start Date:	Event End Date:	Event Start Time:		
Requested Package: (Select Only One)	<input type="checkbox"/> A - Blue Bin Only (\$97.20/event)	<input type="checkbox"/> B - Blue Bin Only (\$142.34/event)	<input type="checkbox"/> C - Blue Bin Only (\$380.44/event)	<input type="checkbox"/> D - Blue Bin Only (\$846.84/event)	
	<input type="checkbox"/> A - Optional Staffing(\$574.94/day)	<input type="checkbox"/> B - Optional Staffing(\$687.78/day)	<input type="checkbox"/> C - Optional Staffing (\$800.62/day)	<input type="checkbox"/> D - Optional Staffing(\$1,488.40/day)	
	<input type="checkbox"/> E - Non-Food (\$128.85/event)	<input type="checkbox"/> F - Non-Food (\$195.09/event)	<input type="checkbox"/> G - Non-Food (\$549.27/event)	<input type="checkbox"/> H - Non-Food (\$1,348.06/event)	
	<input type="checkbox"/> E - Optional Staffing(\$574.94/day)	<input type="checkbox"/> F - Optional Staffing(\$574.94/day)	<input type="checkbox"/> G - Optional Staffing(\$800.62/day)	<input type="checkbox"/> H - Optional Staffing(\$1,488.40/day)	
	<input type="checkbox"/> I - Food Event (\$160.38/event)	<input type="checkbox"/> J - Food Event (\$247.63/event)	<input type="checkbox"/> K - Food Event (\$717.38/event)	<input type="checkbox"/> L - Food Event (\$1,847.13/event)	
	<input type="checkbox"/> I - Optional Staffing(\$574.94/day)	<input type="checkbox"/> J - Optional Staffing(\$574.94/day)	<input type="checkbox"/> K - Optional Staffing(\$913.46/day)	<input type="checkbox"/> L - Optional Staffing(\$2,289.03/day)	
	<input type="checkbox"/> Custom Quote				
	Optional Roll-Off Service:	<input type="checkbox"/> 40-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)		<input type="checkbox"/> 30-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)	
	Cardboard Boxes:	<input type="checkbox"/> Refuse	Quantity	<input type="checkbox"/> Recycle	Quantity
	Additional Liners (\$0.39 ea.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity of Additional Liners:	
Comments:					

## BILLING INFORMATION

Bill to:	<input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor	<input type="checkbox"/> General City Purpose Fund (Auth. by: _____)	
	<input type="checkbox"/> Council Office (Authorized by: _____)		
Bureau of Street Services (BSS) Special Events Reference Number (if applicable):			
Subsidy Eligibility:	<input type="checkbox"/> Does not Apply	<input type="checkbox"/> 50% Special Events Subsidy	<input type="checkbox"/> Community Clean-Up (Restrictions Apply)
Name:			Telephone Number:
Billing Address:	Street Address	City	Zip
Authorized Signature:	I request the above collection services from the Bureau of Sanitation and agree to pay for services as listed on the Special Events Package List:		Print Name

## DELIVERY AND PICK-UP INFORMATION

Containers Drop Off Site:	Street Address	City	Zip	
Roll-Off Bins Drop Off Site:	Street Address	City	Zip	
Site Contact Person(s):	Site Contact Cell. Number:			
Drop Off/Pick Up Date/Time:	Drop Off Date	Pick Up Date	Drop Off Time	Pick Up Time
Comments:				
Signature upon Delivery:	I have received the containers and services as indicated above and agree to the conditions listed below:			Print Name

\* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.

\* Tip Fees for Roll-Off Services will be determined once event has concluded.

\* Fee will be assessed for any lost or damaged containers.

## SANITATION USE ONLY

No. of Blue Containers:	No. of Roll Off Bins: Quote for Roll Off Bins does not include tip fees which will be assessed at the conclusion of the event			
30 Gallon	30 Yard	40 Yard	Other	
No. of Black Containers:	Weight Slip Date	Truck Number or Roll-Off	Tons Dumped	
60 Gallon				
	Date Sent	Confirmation	Confirmation to Organizers	Confirmation to Council
Request Sent to Yard:				
Req. Sent to Special Events:				
Comments:				

TO BE COMPLETED BY THE REQUESTOR

SANITATION USE ONLY